

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/591450

FILING DATE

14 APR 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	2			/		
4	1			/		
5	1			/		
6	1			/		
7			/			
8			1			
9	0			/		
10	0			/		
11	0			/		
12	0			/		
13	0			/		
14	/			/		
15		/		/		
16		/		/		
17		/		/		
18	4			/		
19	1			/		
20	6			/		
21	0			/		
22	12			/		
23	0			/		
24	0			/		
25	0			/		
26	0			/		
27	0			/		
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50						
TOTAL IND.	2		2			
TOTAL DEP.	33	◀	29	◀		
TOTAL CLAIMS	35		31			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						